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STATE OF ARIZONA
APPLICATION FOR CERTIFICATION
AS A PARTICIPATING CANDIDATE

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)

OFFICE USE ONLY

☒ Initial Application ☐ Amended Application

FILED ID
 2004-93168

NAME OF CANDIDATE JOHN L. RAMOS		OFFICE SOUGHT (include Legislative District, if applicable) HOUSE OF REPS LEG. DIST 16	
ADDRESS (NUMBER & STREET) 402 EAST THUNDERBIRD TRAIL		CITY PHOENIX	STATE AZ
MAILING ADDRESS (if different from above) P.O. BOX 8447		CITY PHOENIX	STATE AZ
CANDIDATE'S TELEPHONE # 602-305-6700	CANDIDATE'S FAX # 602-305-6701	CANDIDATE'S E-MAIL ADDRESS JLR@ULI1.COM	
CANDIDATE'S PARTY AFFILIATION (if any) DEMOCRAT			
NAME OF CANDIDATE'S COMMITTEE COMMITTEE TO ELECT JOHN L. RAMOS			
COMMITTEE'S ADDRESS 402 EAST THUNDERBIRD TRAIL		CITY PHOENIX	STATE AZ
COMMITTEE'S PHONE # 602-305-6700	COMMITTEE'S FAX # 602-305-6701	COMMITTEE'S E-MAIL ADDRESS JLR@ULI1.COM	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948) JOHN L. RAMOS and ELZA RAMOS			
DESIGNATED INDIVIDUAL'S ADDRESS 402 EAST THUNDERBIRD TRAIL		CITY PHOENIX	STATE AZ
DESIGNATED INDIVIDUAL'S TELEPHONE # 602-305-6700	DESIGNATED INDIVIDUAL'S FAX # 602-305-6701	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS JLR@ULI1.COM	
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)). BANK ONE			

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate **JOHN & ELZA RAMOS** as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Date: **3/23/04**

Candidate's signature: **[Signature]**

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